

APPLICATION FOR ELIGIBILITY
STATE OF MICHIGAN
FEDERAL SURPLUS PROPERTY ASSISTANCE PROGRAM

AGREEMENT NUMBER

FOR STATE USE ONLY

Authority: Prescribed by GSA FPMR (41CFR) 101-44.207(f)
Completion: Voluntary, However, completion is required to apply for participation in
the Federal Surplus Property Program

PLEASE PRINT OR TYPE

Legal Name of Organization		Employer Federal Identification No. 38—																	
Address		Name of Designated Official																	
City	County	Title																	
State	ZIP Code	Telephone Number	Date																
TYPE OF ORGANIZATION (Check One) <input type="checkbox"/> Public Agency <input type="checkbox"/> Private, Non-Profit Organization		Purpose of Organization: <table style="width: 100%;"><tr><td><input type="checkbox"/> State Government</td><td><input type="checkbox"/> Economic Development</td></tr><tr><td><input type="checkbox"/> County Government</td><td><input type="checkbox"/> Education</td></tr><tr><td><input type="checkbox"/> Township Government</td><td><input type="checkbox"/> Library</td></tr><tr><td><input type="checkbox"/> Public Health</td><td><input type="checkbox"/> Museum</td></tr><tr><td><input type="checkbox"/> Public Safety</td><td><input type="checkbox"/> Service/Older Citizens</td></tr><tr><td><input type="checkbox"/> Emergency Management</td><td><input type="checkbox"/> Homeless Providers</td></tr><tr><td><input type="checkbox"/> City Government</td><td><input type="checkbox"/> Village Government</td></tr><tr><td><input type="checkbox"/> Parks/Recreation/Conservation</td><td></td></tr></table>		<input type="checkbox"/> State Government	<input type="checkbox"/> Economic Development	<input type="checkbox"/> County Government	<input type="checkbox"/> Education	<input type="checkbox"/> Township Government	<input type="checkbox"/> Library	<input type="checkbox"/> Public Health	<input type="checkbox"/> Museum	<input type="checkbox"/> Public Safety	<input type="checkbox"/> Service/Older Citizens	<input type="checkbox"/> Emergency Management	<input type="checkbox"/> Homeless Providers	<input type="checkbox"/> City Government	<input type="checkbox"/> Village Government	<input type="checkbox"/> Parks/Recreation/Conservation	
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<input type="checkbox"/> City Government	<input type="checkbox"/> Village Government																		
<input type="checkbox"/> Parks/Recreation/Conservation																			
SOURCE OF FUNDING (Check One) <input type="checkbox"/> Appropriation <input type="checkbox"/> Tuition If funding is other than appropriation or tuition, please provide documentation																			

DOCUMENTS TO BE SUBMITTED WITH APPLICATION

Who Must Submit

What to Submit

All Applicants	Non-Discrimination Certificate Certificate of Adopted Resolution
Private, Non-Profit Organizations	Certificate of Tax Exempt Status Under Section 501(c)(3). Internal Revenue Code License/Certificate to operate Facility Issued by State Government Department of Jurisdiction Copies of Grants
Homeless Providers	Certificate of Tax Exempt Status Under Section 501(c)(3), Internal Revenue Code Narrative of Services Provided
Services to Older Citizens	Statement Certifying Federal Funding of Program for Older Citizens

SIGNATURE OF DESIGNATED OFFICIAL

DATE

Applicants will receive notification of approval or disapproval of this application.

FOR STATE USE

☐ APPROVED ☐ DISAPPROVED

SIGNED (Program Manager, Federal Surplus Property)

DATE

This form is issued under the authority of P.A. 431 of 1984

RETURN TO: State of Michigan
Federal Surplus Property Unit
P.O. Box 30026
Lansing, MI 48909